

INSTRUCTIONS FOR APPLYING FOR ORAL AND MAXILLOFACIAL SPECIALTY LICENSE BY EXAM

Your specialty application must be accompanied by a check in the amount of \$60.00 payable to the Kentucky Board of Dentistry. The completed application and fee must be on file and your case histories must be received in the Board office at least thirty (30) days prior to the examination date or you will not be eligible to take the examination.

The specialty examination is administered at the Kentucky Board of Dentistry, 312 Whittington Pkwy, Suite 101, Louisville KY 40222. You should report at _____. The next examination will be administered on _____.

QUALIFICATION FOR APPLYING FOR SPECIALTY LICENSURE BY EXAM

1. You must possess satisfactory moral and ethical standing in the dental profession.
2. You must be currently licensed to practice dentistry in the Commonwealth of Kentucky.
3. Once you obtain your specialty license, you must limit your practice to that particular specialty.
4. You must submit satisfactory evidence to the Board that you have completed a program approved by the Commission on Dental Accreditation of the American Dental Association.

REQUIREMENTS FOR ORAL SURGERY CASE REPORTS:

1. The applicant must submit seven (7) original case reports documenting that she/he has had the major responsibility in the total management of the patient and has been the operating surgeon.
2. Each case report, with the exception of cases done in the applicant's office, must bear the signature of the Chief of the Oral and Maxillofacial Surgery Service or the Director of the Institution where the applicant performed the operation.
3. Case reports will be typewritten on 8 1/2 x 11" white bond paper, double-spaced, on one side only.
4. Each case report should be stapled to the back cover of a square cut file folder approximately 9 1/2 x 11 1/2".
5. Case reports should be well documented with Photographs. These should be mounted on 8 1/2 x 11 1/2" paper. Actual radiographs should not be submitted. The illustration sheets should be stapled to the front cover of the file folder.

SELECTION OF CASE REPORTS:

Although the Board does not dictate the specific type cases to be reported, the case reports must be diversified and represent a cross-section of the specialty practice. Suggested subjects: difficult or unusual impactions, bone cysts, neoplasms, fractures, acute infections, osteomyelitis, palatal defects, orthognathic surgery, oral surgery cases of interest with unusual systemic complications.

Case reports should follow the accepted format for publication. The comments and conclusions should be sufficiently detailed to justify the applicant's approach and rationale for doing the procedure. This is a pass/fail requirement.

ORAL EXAMINATION

Questions in oral surgery will be related to the basic sciences, anesthesiology, hospital procedures, clinical laboratory diagnosis, x-ray diagnosis, and oral pathology. A portion of the oral examination will stem from the case reports submitted by the applicant.

**FOR FURTHER INFORMATION PLEASE CONTACT:
KENTUCKY BOARD OF DENTISTRY
312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KENTUCKY 40222
(502) 429-7280**